

12-19-03

RCE/1616 \$

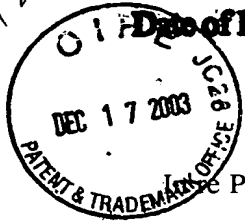
"Express Mail" Mailing Label No. EV. 340847688 US

Patent

Attorney's Docket No. 033248-017

F13  
m.m.  
7/14/04

Date of Deposit 12/17/03



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I am Patent Application of )

Darja Ferčej Temeljotov et al )

Group Art Unit: 1616 )

Application No.: 09/913,752 )

Examiner: Sharmila S. Gollamudi )

Filed: November 21, 2001 )

Confirmation No.: 5309 )

 For: DIRECTLY COMPRESSIBLE MATRIX )  
 FOR CONTROLLED RELEASE OF )  
 SINGLE DAILY DOSES OF )  
 CLARITHROMYCIN )

 RECEIVED  
 DEC 31 2003  
 TECH CENTER 1600/2900

 REQUEST FOR CONTINUED EXAMINATION  
 TRANSMITTAL LETTER

## MAIL STOP RCE

 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Customer No. 21839

Sir:

 Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the  
☒ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

 1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be  
 entered. Continued examination is requested based on the enclosed documents  
 identified in item 2 below.

☐ B. Applicant(s) previously submitted the following documents for which continued  
 examination is requested:

☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on .

☐ Other: \_\_\_\_\_

2. The following documents are enclosed with this submission:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement (IDS).

☒ Petition for Extension of Time.

☒ Other: Return Postcard

 3. ☐ Small entity status is hereby claimed.

☒ No additional claim fee is required.

☐ The fee is calculated below on the basis of the highest number of claims already paid  
 for in this application prior to this submission:

## Request for Continued Examination Transmittal Letter

Application No. 09/913,752Attorney's Docket No. 033248-017

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C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$770.00 (1001)
Total Claims		MINUS 20 =		× \$18.00 (1202) =	
Independent Claims		MINUS 3 =		× \$86.00 (1201) =	
If multiple dependent claims are presented, add \$290.00 (1203)					
Total Fee					
If small entity status is claimed, subtract 50% of Total Fee					
<b>TOTAL FEE DUE</b>					

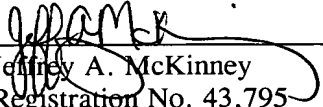
4. ☒ A check in the amount of \$ 495.00 is enclosed for the fees due.
5. ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER &amp; MATHIS, L.L.P.

Date: December 17, 2003

By:   
 Jeffrey A. McKinney  
 Registration No. 43,795

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